

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90051 045 ***150.00

DOCUMENT # F99000001834

1. Entity Name

SAND DOLLAR OIL, INCORPORATED



Principal Place of Business

19970 CHAPEL TRACE
ESTERO FL 33928

Mailing Address

19970 CHAPEL TRACE
ESTERO FL 33928

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-0901327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, W L
19970 CHAPEL TRACE
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME MILLER, W L
STREET ADDRESS 19970 CHAPEL TRACE
CITY-ST-ZIP ESTERO FL 33928

TITLE SD ☐ Delete
NAME MILLER, ROBERTA K
STREET ADDRESS 19970 CHAPEL TRACE
CITY-ST-ZIP ESTERO FL 33928

TITLE VD ☐ Delete
NAME DECK, DEBORAH
STREET ADDRESS 18 ROCHELLE
CITY-ST-ZIP NEWPORT COAST CA 92657

TITLE D ☐ Delete
NAME DECK, GLENN
STREET ADDRESS 18 ROCHELLE
CITY-ST-ZIP NEWPORT COAST CA 92657

TITLE CD ☐ Delete
NAME BUCKINGHAM, JOHN
STREET ADDRESS ~~7808 RAMSGATE DR~~
CITY-ST-ZIP ~~KNOXVILLE TN~~

TITLE D ☐ Delete
NAME BUCKINGHAM, KATHRYN
STREET ADDRESS ~~7808 RAMSGATE DR~~
CITY-ST-ZIP ~~KNOXVILLE TN~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1318 SCOTTSBURY CIR
CITY-ST-ZIP KNOXVILLE, TN 37919

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1318 SCOTTSBURY CIR
CITY-ST-ZIP KNOXVILLE, TN 37919

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Lee Miller, President

1-30-04

239-948-7693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #